

**SCIENTIFIC SESSION 3
TUMORS OF THE EYELID**

Shilpakalavedika Convention Center
Saturday, January 24, 2004
2:00 PM – 3:30 PM

Chair: Timothy Sullivan

Co-chair: Jyotirmoy Biswas

Moderator: Sabrina Shah-Desai

Session Summary: Sabrina Shah-Desai

	Presenter	Title of Presentation	Time
1	Rob De Kaizer	Key Note Lecture: Current Management of Eyelid Tumors	2:00 PM
2	Anurag Banka	Study of Incidence of Eyelid Tumors in Western India	2:15 PM
3	Seema Kashyap	Retrospective Analysis of Malignant Eyelid Tumors	2:25 PM
4	Raj Anand	Sebaceous Gland Carcinoma in a Tertiary Care Center in the USA	2:35 PM
5	Milind Naik	Sebaceous Gland Carcinoma of the Eyelids in Asian-Indian Population	2:45 PM
6	Timothy Sullivan	Clinical Features, Management and Outcome of Malignant Melanoma of the Eyelid Skin	2:55 PM
7	Bitia Esmaeli	Experience with Sentinel Lymph Node Biopsy for Eyelid and Conjunctival Malignancies at a Cancer Center	3:05 PM
8	Subrahmanyam Mallajoyula	Total Upper Eyelid Reconstruction	3:15 PM
9	Sabrina Shah-Desai	Session Summary	3:25 PM

KEY NOTE ADDRESS CURRENT MANAGEMENT OF EYELID TUMORS

Robert De Keizer

LUMC, Leiden, The Netherlands

STUDY OF INCIDENCE OF EYELID TUMORS IN WESTERN INDIA

Anurag Banka, Nitin Trivedi, Sushil Suri

M and J Institute, Civil hospital, Ahmedabad, India

PURPOSE: To study the incidence of eyelid tumors, benign and malignant, presenting in our hospital. **METHODS:** A retrospective study was conducted of patients with eyelid tumors presenting in our OPD (drainage from Western India) in the last 12 years. 397 consecutive cases were selected. The cases were classified into benign and malignant. The parameters studied included percentage of subgroup/total, average age, male: female ratio and right/left sidedness. **RESULTS:** Of the 397 cases, 46.4% were found to be malignant, while 53.6% were found to be benign. Of malignant tumors, meibomian gland carcinoma constituted 43%, squamous cell carcinoma, 27.4% while basal cell carcinoma constituted 19.5%, with miscellaneous 10.1%. Of benign tumors, nevus constituted 36.2%, hemangioma, 11.6%, dermoid 18.4% while papilloma constituted 11.1%, with miscellaneous 22.7%. **CONCLUSION:** The percentage of meibomian gland carcinoma, 43%, of malignant eyelid tumors is very high compared to Western studies, but is in keeping with other Indian studies. It is possibly related to the apparent protection provided to dark colored races from sun's UV rays, thereby decreasing the incidence of basal cell carcinoma and increasing the percentage of other tumors.

RETROSPECTIVE ANALYSIS OF MALIGNANT EYELID TUMORS

Seema Kashyap, Seema Sen, Subhash Betharia, Mandeep Bajaj, Neelam Pushker, Supriyo Ghose

Dr. Rajendra Prasad Center for Ophthalmic Sciences, New Delhi, India

PURPOSE: To report the clinical and histopathological features of eyelid lesions at a tertiary referral center in Asian Indians. **METHODS:** Retrospective case series diagnosed over the last 5 years were taken up for the study. Histopathology and clinical records were retrieved and sections of eyelid lesions were reviewed. **RESULTS:** Total number of lid lesions analyzed over the last 5 years (1998-2002) were 366, of which 138 (37.9%) were malignant and rest 228 (62.2%) were benign lesions (62.2%). Male: female ratio was 1:1. Age of patients with malignant eyelid lesions ranged from 3-90 years. The commonest tumor encountered was basal cell carcinoma 52 (37.4%) followed by sebaceous gland carcinoma 47(33.8%), squamous cell carcinoma 19 (13.6%) and malignant melanoma 8 (5.7%). Rest were adenocarcinoma (2), embryonal rhabdomyosarcoma (3), NHL/leukemia (3) and poorly differentiated malignant tumor (3). **CONCLUSION:** In our study we had an almost equal incidence of basal cell carcinoma and sebaceous cell carcinoma as opposed to the western population where squamous cell carcinoma are most commonly encountered.

SEBACEOUS GLAND CARCINOMA IN A TERTIARY CARE CENTER IN THE USA

Raj Anand, Jeffrey Nerad, Alice Song

University of Iowa Hospitals and Clinics Iowa City, IA, USA

PURPOSE: To report the clinical presentation, management and outcome of sebaceous gland carcinoma in a tertiary care center in the USA. **METHODS:** Retrospective non-comparative study. **RESULTS:** Case records of 30 patients of sebaceous gland carcinoma who presented in the hospital over last 18 years were analyzed. The mean age of presentation was 73.4 yrs. Female predominance was noticed (Female: Male=20:9). Lid mass and thickening were the most common presenting clinical features of the disease. The duration of disease at the time of presentation was 5.77 years and some of these patients had been operated upon for various lid surgeries including chalazion excision, entropion repair, cryotherapy, epilation and medial spindle before final diagnosis. Local excision was performed in 25 cases; exenteration was performed primarily in 3 cases. One patient underwent exenteration after local recurrence. Two patients received radiotherapy. Recurrence was seen in 8 patients and 2 patients died of the disease. Pagetoid appearance was seen in 21 out of 30 cases. **CONCLUSION:** Sebaceous gland carcinoma occurs in older patients in the Western world with relatively higher female predominance and better results compared to the reports from Asian countries.

SEBACEOUS GLAND CARCINOMA OF THE EYELIDS IN ASIAN-INDIAN POPULATION

Milind Naik, Balwant Deoskar, Geeta K Vemuganti, G Chandra Sekhar, Santosh Honavar

LV Prasad Eye Institute, Hyderabad, India

PURPOSE: Sebaceous gland carcinoma is a common malignant tumor of the eyelid. We aimed to study the clinical profile and outcome of this tumor in Asian Indian population. **METHODS:** Twenty eight consecutive cases of sebaceous gland carcinoma to a tertiary care center were retrospectively analyzed. **RESULTS:** Sebaceous gland carcinoma constituted 58% of all eyelid malignancies seen over a period of 5 years. Upper eyelid was predominantly involved (54%). Fourteen lesions were nodular, 9 were nodulo-ulcerative, and 1 was ulcerative. Four patients presented with unilateral blepharconjunctivitis. Two patients had metastases to regional lymph nodes at initial presentation. Twenty five patients were managed by us. Primary management including a combination of map biopsy, excision of the lesion with tumor free margins, lid reconstruction, and cryotherapy to areas with pagetoid involvement in 21 patients and orbital exenteration in 4, resulted in 93% cure (mean follow up, 12 months), and good cosmetic and functional outcome. Twenty patients (80%) showed histopathologic evidence of pagetoid involvement. **CONCLUSION:** Based on the results of our study, we conclude that sebaceous gland carcinoma occurs relatively more frequently in Asian Indian population, and excision with tumor-free margins and adjuvant therapy yields gratifying results.

CLINICAL FEATURES, MANAGEMENT AND OUTCOME OF MALIGNANT MELANOMA OF THE EYELID SKIN

Timothy Sullivan, J Chan, M Fiona, Brett O'Donnell, William Ryman, Kevin Whitehaed

Royal Brisbane Hospital, Herston, Queensland, Australia

Twenty-six patients with malignant melanoma of eyelid skin were included. Age ranged from 22-88 (mean 64) years, in 15 male and 11 female patients. There were 10 right and 16 left sided lesions; 17 involved the lower lid, 2 the upper and the remainder a combination. Sixteen arose in areas of preexisting pigment. Twenty patients had serial excision with rapid paraffin sections and 6 had Moh's excision. There were 16 lentigo malignant melanoma, 8 superficial spreading and 2 nodular melanomata. Thickness was recorded as < 0.76mm in 18, 0.75-1.5 mm in 3, 1.51-4.0 in 2 and >4.0 in 2. There were 4 local recurrences, two had distant spread, and one died from melanoma. Mean follow up was 3 years.

EXPERIENCE WITH SENTINEL LYMPH NODE BIOPSY FOR EYELID AND CONJUNCTIVAL MALIGNANCIES AT A CANCER CENTER

Bitu Esmali, Roxana Diba, Hossein Saadati, Navdeep Nijhawan, Brett Gutstein, Merrick Ross

The University of Texas MD Anderson Cancer Center, Houston, TX, USA

PURPOSE: To describe our experience with sentinel lymph node (SLN) biopsy in patients with eyelid and conjunctival malignancies. **METHODS:** 20 patients with eyelid or conjunctival malignancies were treated at The University of Texas M. D. Anderson Cancer Center between May 2002 and July 2003, had clinically and radiographically negative regional lymph nodes, and underwent preoperative lymphoscintigraphy using an injection of technetium Tc-99m (0.3 mCi) in 0.2 mL volume. Intraoperative mapping was performed with the same volume of technetium Tc-99m along with an injection of isosulfan blue dye. **RESULTS:** 6 patients had conjunctival melanoma, 6 had eyelid sebaceous cell carcinoma, 6 had eyelid melanoma, and 2 had eyelid Merkel cell carcinoma. SLN(s) were identified in all patients. Intraoperatively, no SLN(s) were blue. 1 patient with conjunctival melanoma and 1 patient with Merkel cell carcinoma had a histologically positive SLN. There were no complications except for mild temporary weakness of the marginal mandibular nerve in 2 patients that resolved within 4-6 weeks. None of the patients had blue tattooing of the conjunctival surface or eyelid skin. **CONCLUSION:** Our experience suggests that lymphoscintigraphy and SLN biopsy successfully identifies SLNs in patients with conjunctival/eyelid malignancies and can be performed safely.

TOTAL UPPER EYELID RECONSTRUCTION

Subrahmanyam Mallajosyula, Sikinder Hayat

Sarojini Devi Eye Hospital, Hyderabad, India

PURPOSE: Malignant tumors of huge proportions requiring total upper lid reconstruction are not very rare. Cutler-Beard's method is found to be not very adequate in these situations. This is to share my method of total eyelid reconstruction. **METHODS:** 9 cases of total upper eyelid reconstructions for malignant tumors over a period of 10 years were analyzed. Cutler-Beard's method was used in the first 4 cases, and 2 of them developed medial coloboma. In the next 5 cases, total lid reconstruction was performed by a combination of Tenzel's flap, sliding graft from lower eyelid, and free cutaneous graft. **RESULTS:** In all the 5 cases, the cosmetic and functional results were gratifying. **CONCLUSION:** Total upper eyelid reconstruction with the combined method as described gives better results.

SESSION SUMMARY

Sabrina Shah-Desai

Moorfields Eye Hospital, London, UK